

«Name_____»
April 4, 2005

«CourtNo____»/«CollAcctNo_____»

ACCOUNT SUMMARY

This information concerning your account is provided for your review:

Restitution Balance

Amount Due for this month

Amount Delinquent by 30 days

Amount Delinquent by 60 days

Amount Delinquent by 90 days

Balance Due Now

Total Account Balance

Mail this signed document to:

REVENUE RECOVERY - COLLECTION UNIT
Probation Department San Luis Obispo County
County Government Center
2176 Johnson Ave
San Luis Obispo, CA 93408

RESTITUTION PAYMENT PLAN SUBMITTED BY: _____

(Use additional pages, if needed)

SIGNATURE: _____

DATE: _____